

MAIL TO:
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Registry of Charitable Trusts
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Sacramento, CA 94203-4470

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Sacramento, CA 95814
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**COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES
THRIFT STORE OPERATIONS
ANNUAL FINANCIAL REPORT FOR 20_____**

(California Government Code section 12599)
(11 Cal. Code Regs. section 308)

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code section 12586.1.

An annual financial report must be filed for each event
for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fundraiser for Charitable Purposes:

CF No. _____

Name of commercial fundraiser for charitable purposes

Address of commercial fundraiser for charitable purposes

City, State, and ZIP Code of commercial fundraiser for charitable purposes

Name and Address of Charitable Organization:

CT No. _____ F.E.I.N. No. _____

Name of charity

Address of charity

City, State, and ZIP code of charity

_____ held (on) (from) _____, 200 _____ to _____, 200 _____
(Type of Activity) (Date or dates must be shown)

1. REVENUE

A. Store Sales _____ A.

B. Rag Sales _____ B.

C. Miscellaneous Income _____ C.

D. TOTAL REVENUE _____ D.

2. STORE EXPENSES:

A. Salaries - Store Management _____ A.

B. Salaries - Employees _____ B.

C. Payroll taxes _____ C.

D. Employee benefits _____ D.

E. Truck Expense _____ E.

F. Advertising _____ F.

G. Insurance _____ G.

H. Telephone _____ H.

I. Rent _____ I.

J. Utilities _____ J.

K. Sales Tax _____ K.

L. Office Expense _____ L.

M. Depreciation _____ M.

N. Leasehold Improvements (Amortized) _____ N.

O. Solicitation and Pick Up Expense _____ O.

P. Other Expenses. (Attach a Schedule) _____ P.

Q. TOTAL EXPENSES _____ Q.

NOTE: BASED ON YOUR CONTRACT/AGREEMENT, PLEASE COMPLETE LINES 3 AND 4 OR LINES 5, 6, AND 7.

3. COST OF GOODS PURCHASED FROM CHARITY (Distribution or net to charitable organization)

Volume of soft goods purchased in 100 cubic feet: _____ 3.

**4. AMOUNT RETAINED BY COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES
(Line 1D minus Line 2Q minus Line 3)**

_____ 4.

5. NET INCOME (lines 1D minus 2Q)

_____ 5.

6. MANAGEMENT FEES/COMMISSION TO COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

_____ 6.

A. Volume of soft goods received from charitable solicitation
and pick up in 100 cubic feet: _____

7. NET DISTRIBUTION TO CHARITY (Line 5 minus 6)

_____ 7.

8. a. Is any director, officer, or employee of the commercial fundraiser for charitable purposes a director, officer, or employee of the charitable organization listed in this report?

☐ Yes If “yes,” complete the following: ☐ No

Name and address of director, officer, or employee of commercial fundraiser for charitable purposes	Name and address of charitable organization	Relationship of director, officer, or employee to charitable organization

(b) For each affiliation identified in 8(a), attach copy of the contract between the commercial fundraiser for charitable purposes and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (commercial fundraiser for charitable purposes)	Printed Name	Title	Date
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This report must be signed by two officers or directors of the charitable organization for verification.

Signature of authorized officer/director (charity)	Printed Name	Title	Date
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Signature of authorized officer/director (charity)	Printed Name	Title	Date
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